

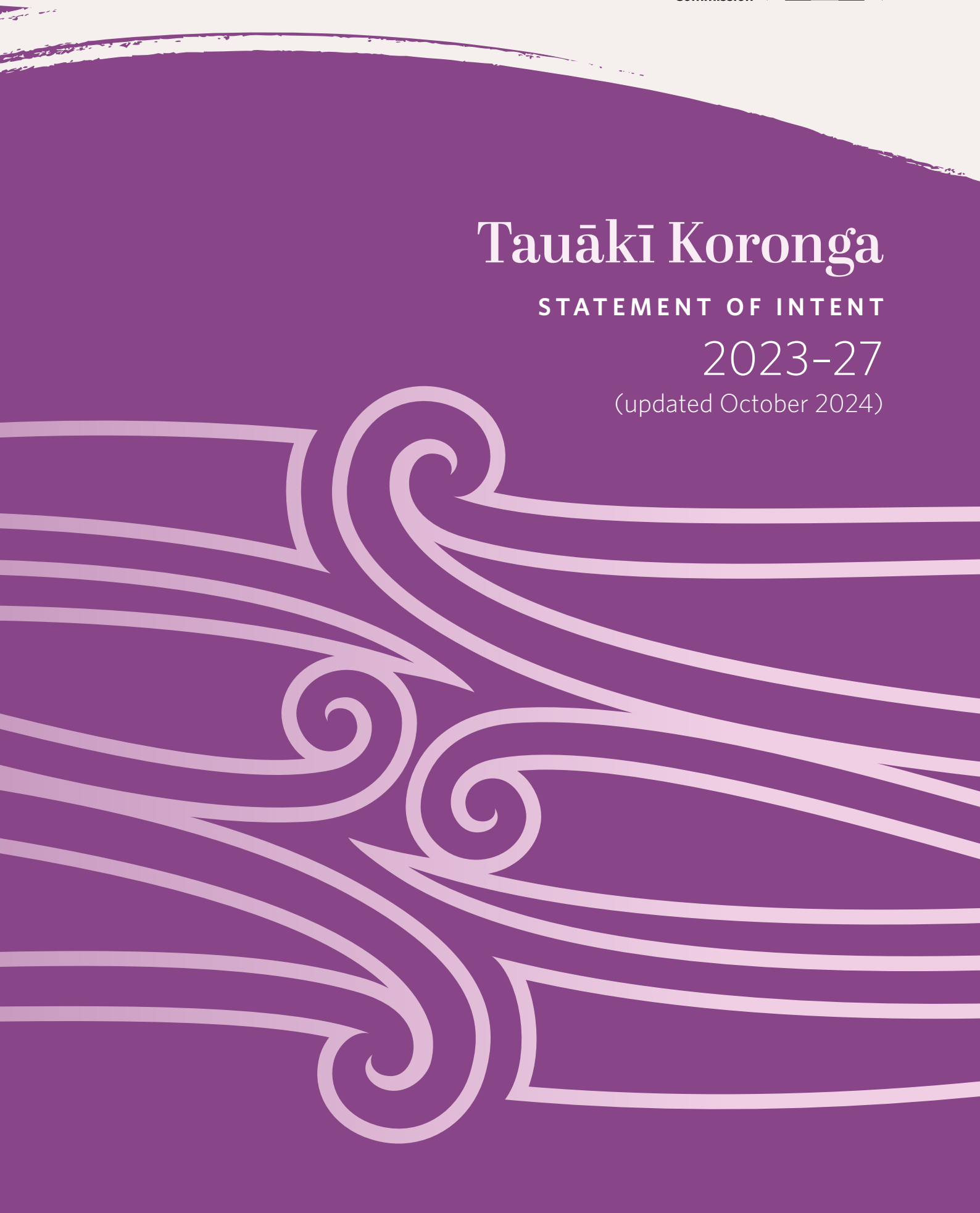


# Tauākī Koronga

STATEMENT OF INTENT

2023–27

(updated October 2024)





Presented to the House of Representatives pursuant to section 149 of the Crown Entities Act 2004

Published in November 2024 by Te Tāhū Hauora Health Quality & Safety Commission, PO Box 25496, Wellington 6146, Aotearoa New Zealand.

**[www.hqsc.govt.nz](http://www.hqsc.govt.nz)**

ISSN 3021-2766 (print) ISSN 3021-2774 (online)

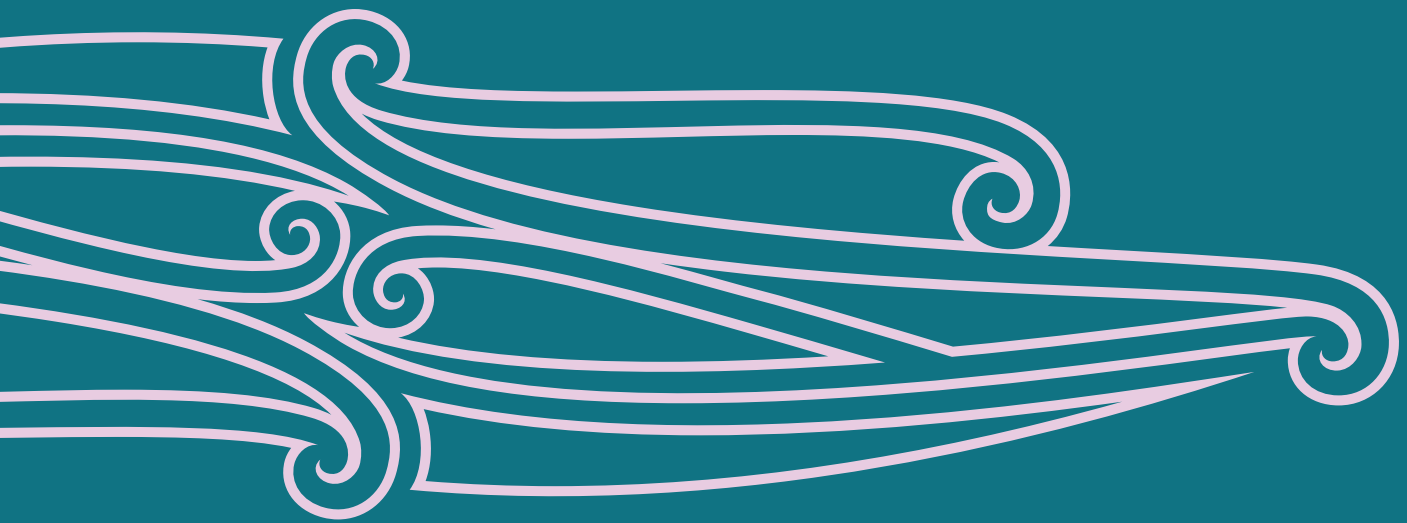
This document is available on the Te Tāhū Hauora Health Quality & Safety Commission website: **[www.hqsc.govt.nz](http://www.hqsc.govt.nz)**



Published under Creative Commons License CC BY-NC-SA 4.0. This means you may share and adapt the material provided you give the appropriate credit, provide a link to the licence, and indicate if changes were made.

You may not use the material for commercial use. For more information about this licence, see: <https://creativecommons.org/licenses/by-nc-sa/4.0/>.





---

## Whakataukī

Ma mua ka kite a muri,  
ma muri ka ora a mua.

Those who lead give sight to those who follow,  
those behind give life to those ahead.

---

# Ngā ihirangi

## Contents

<b>Whakataukī</b>	<b>2</b>
<b>Tauākī a te poari   Board statement</b>	<b>4</b>
<b>Kōrero takamua   Foreword</b>	<b>5</b>
<b>1. He kupu whakataki   Introduction</b>	<b>6</b>
The structure of this SOI	7
<b>2. Tāhū</b>	<b>8</b>
A crucial independent voice in the health system	9
Evolving to meet new and more complex challenges	10
Our expertise and experience in advancing health system priorities	12
<b>3. Heke</b>	<b>16</b>
Our enduring priorities	18
Embedding and enacting Te Tiriti o Waitangi	18
Pursuing health equity	21
Our strategic priorities	21
Our mission: How we work	22
<b>4. Niho taniwha</b>	<b>24</b>
Strategic priority 1: Improving experience for consumers and whānau	25
Strategic priority 2: Enabling the workforce as improvers	27
Strategic priority 3: Strengthening systems for quality services	29
Strategic priority 4: Leading health quality intelligence	31
Strategic priority 5: Guiding improvement to prevent avoidable mortality	33
How we measure our progress	34
<b>5. Te hauora me te kaha o te whakahaere   Organisational health and capability</b>	<b>36</b>
Our governance	37
Supporting our Ministers	38
Supporting our people	38
Ongoing improvement	39
Strengthening our Te Tiriti o Waitangi capability	39
Environmental sustainability	40
Managing our finances	41
<b>Āpitihanga 1: Ngā whāinga me ngā āheinga   Appendix 1: Our objectives and functions</b>	<b>42</b>



---

# Tauākī a te poari

## Board statement

In signing this statement, we acknowledge that we are responsible for the information contained in the Statement of Intent for Te Tāhū Hauora Health Quality & Safety Commission. This information has been prepared in accordance with the Crown Entities Act 2004 and to give effect to the Minister of Health's expectations of Te Tāhū Hauora Health Quality & Safety Commission.

**Rae Lamb**

Chair

31 October 2024

**Dr Andrew Connolly**

Deputy Chair

31 October 2024

---

# Kōrero takamua

## Foreword

The Government's direction and priority to deliver timely access to quality healthcare for all New Zealanders, is reflected in this updated Statement of Intent (SOI).

So too are our enduring and strategic priorities. These remain the same. We are reaffirming our commitment to strengthening the quality and safety of health care and services across Aotearoa New Zealand.

We will continue to be a constant, trusted voice as the health system embeds the Pae Ora (Healthy Futures) Act 2022 (the Pae Ora Act)<sup>1</sup> and significant system reform. We offer independent and expert assessment of quality and safety opportunities and challenges and work closely with others to address them.

We draw on all our strengths, including those gained from the Pae Ora Act, to lead out with influence and impact, actively championing health quality and safety throughout our system. Our expertise and measurement systems and tools have a strong record for delivering genuine improvement.

We are guiding and supporting the health system to work in new ways. We are building stronger relationships and partnerships across government and the wider health sector. We are leading improved engagement with consumers and whānau. We are committed to Te Tiriti o Waitangi and pursuing equity.

Under the leadership of Dr Peter Jansen (Ngāti Hinerangi and Ngāti Raukawa), our tumuaki chief executive, we are confident in our ability to continue demonstrating our value in leading and supporting the health system to deliver quality, safe health services that meet the needs of all New Zealanders.



### **Rae Lamb**

Board Chair, Te Tāhū Hauora Health Quality & Safety Commission

---

1 Pae Ora (Healthy Futures) Act 2022. URL: [www.legislation.govt.nz/act/public/2022/0030/latest/versions.aspx](http://www.legislation.govt.nz/act/public/2022/0030/latest/versions.aspx)

---

# 1. He kupu whakataki

## Introduction

The Pae Ora Act sets a clear direction for the reformed health system and health quality and safety.

The purpose of the Pae Ora Act is to protect, promote, and improve the health of all New Zealanders, achieve equity in health outcomes among Aotearoa New Zealand's population groups, including by striving to eliminate health disparities, in particular for Māori, and build towards pae ora (healthy futures).<sup>2</sup>

Te Tāhū Hauora Health Quality & Safety Commission (Te Tāhū Hauora) is committed to and focused on advancing these key health quality and safety goals to deliver on the Government's vision of timely access to quality healthcare across Aotearoa New Zealand.

The Pae Ora Act confirmed our role and expertise in guiding impactful improvements to the quality and safety of the health system and its services. It further acknowledged our value and experience by expanding our functions enabling us to lead and provide even greater support to the health sector. Our work is underpinned by embedding and enacting Te Tiriti o Waitangi,<sup>3</sup> engagement with consumers<sup>4</sup> and whānau,<sup>5</sup> and pursuing health equity.<sup>6</sup>

---

2 Health and Disability System Review. 2020. Health and Disability System Review – Final Report – Pūrongo Whakamutunga. Wellington: Health and Disability System Review. URL: [www.health.govt.nz/publication/health-and-disability-systemreview-final-report](http://www.health.govt.nz/publication/health-and-disability-systemreview-final-report).

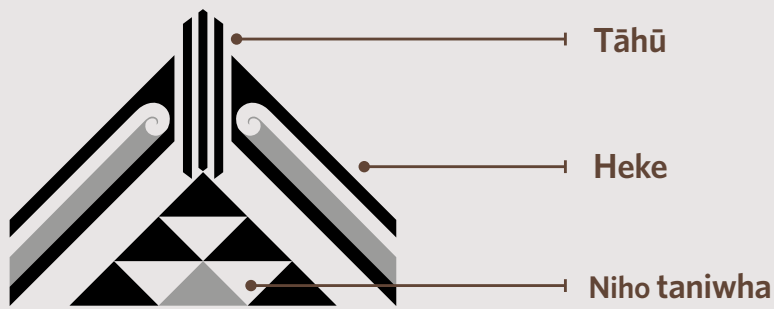
3 See 'Embedding and enacting Te Tiriti o Waitangi' in Section 3: Heke, for more information.

4 Te Tāhū Hauora recognises there are many views about who a 'health consumer' is. We use 'consumer' across our work to refer to anyone who has used, is currently using or is likely to use a health service. This term resonates with some people more than others. It is important that people and communities use the language they feel most comfortable with and whichever term resonates with them.

5 The term 'whānau' can include the direct family group, the extended family group, the primary unit of support and, sometimes, friends with no kinship ties to other members. It is a concept that supports inclusive relationships between people. Whanaungatanga is an active expression of whānau, conveying connection and a sense of belonging through close relationships with each other. It is up to the consumer and those closest to them to communicate who is in their 'whānau'. It is important that health staff never assume who is in or outside of the consumer's whānau.

6 See 'Pursuing health equity' in Section 3: Heke, for more information.





## The structure of this SOI

This SOI has been structured based on our tohu,<sup>7</sup> or visual identity, which is aligned to our te reo name, Te Tāhū Hauora. Both reflect how we see ourselves within the reformed health system.

Our tohu visually demonstrates our commitment to Te Tiriti o Waitangi-based partnerships and to providing leadership and guidance to catalyse quality, safety and improvement across the health sector. Our tohu is made up of three key components: the tāhū, the heke and the niho taniwha.



The **tāhū** is the ridge pole in a whareniui, which provides strength and protection to those inside. Like the tāhū, Te Tāhū Hauora is at the centre of health quality and safety in Aotearoa New Zealand. Section 2 of this SOI, titled Tāhū, shares our whakapapa, outlining how we have strengthened and broadened our expertise over time so that we can guide health services, systems and the entire sector to improve. This section details how the Pae Ora Act has confirmed our role and further strengthened our ability to influence quality so that people benefit from improved services.



The **heke** are the rafters that uphold the tāhū and secure it in place. The heke represent the mission and priorities of Te Tāhū Hauora. Our priorities reflect the foundations of health quality and safety that we work to embed and progress. The two koru on the heke represent enactment of Te Tiriti o Waitangi through Māori and Crown partnerships, which we are on a journey towards. Section 3, titled Heke, shares our strategic intent, which builds on our strengths to take our work forward.



The **niho taniwha** is the protection that the tāhū and heke create for the people. Section 4, titled Niho taniwha, reflects how we link our role, strengths and expertise (tāhū) with our strategic direction (heke) to focus our efforts. In this section, we explain the work that we do across our strategic priorities to guide services and the system to improve. We also discuss how we measure our progress toward our goals.

Section 5, the final section in this SOI, discusses our organisation's health and capability and our efforts to continually strengthen these.

<sup>7</sup> Tohu design by Len Hetet. See: [www.hqsc.govt.nz/about-us/our-name-and-visual-identity](http://www.hqsc.govt.nz/about-us/our-name-and-visual-identity)



## 2. Tāhū

The **tāhū** is the ridge pole in a wharenui, which provides strength and protection to those inside. The lines running through the centre represent the three strands that, when woven together, create a strong bind. This represents the three strands that make up Te Tāhū Hauora: quality, safety and improvement. The tāhū also relates to strength and unity, which gives it integrity.

This section discusses our whakapapa, the journey that has led our organisation to become what it is today, a trusted voice, offering independent and expert assessment of quality and safety opportunities and challenges.<sup>8</sup>

Like the tāhū, we form a central point for leading and guiding improvement in the quality and safety in the health, working towards our vision of 'Hauora kounga mō te katoa | Quality health for all'.

---

<sup>8</sup> Te Tāhū Hauora Health Quality & Safety Commission. 2023a. Te Tāhū Hauora Health Quality & Safety Commission independent performance review report 2023 | Te arotakenga mahi motuhake a Te Tāhū Hauora 2023. Wellington: Te Tāhū Hauora Health Quality & Safety Commission. URL: [www.hqsc.govt.nz/resources/resource-library/te-tahu-hauora-health-quality-and-safety-commission-independent-performance-review-report-2023-te-arotakenga-mahi-motuhake-a-te-tahu-hauora-2023/](http://www.hqsc.govt.nz/resources/resource-library/te-tahu-hauora-health-quality-and-safety-commission-independent-performance-review-report-2023-te-arotakenga-mahi-motuhake-a-te-tahu-hauora-2023/)



## A crucial independent voice in the health system

When Te Tāhū Hauora was established in 2010,<sup>9</sup> quality experts argued that an organisation like ours was crucial if Aotearoa New Zealand was to have sustained, better-quality and better-value health care. A health quality organisation would need a strong mandate to catalyse quality-related activities, the ability to coordinate quality initiatives at a national level and strong clinical engagement and support. That vision was the start of our organisation's journey.

Over a decade later, Te Tāhū Hauora continues to provide an independent and trusted voice. We work with others to address these issues, distinct from the roles of commissioning, performance management and regulation within our health system.

Our independence allows us to provide a neutral, credible assessment of health quality improvements and challenges that exist throughout the health sector and underpins our ability to work collaboratively and collectively with others.

We have built networks and partnerships across government, the health sector and with consumers and whānau, for the purpose of leading improvements to the quality and safety of the health system and its services. These relationships are essential to our work and to our success. Our mission is built on them (see Section 3: Heke).

We know and can measure that our efforts have had a positive impact, saving New Zealanders from harm and time in hospital, reducing morbidity and mortality and adding healthy years to people's lives. We can show that improving the quality and safety of health services and systems can generate savings, which are then available to be reinvested in other areas of the health system.

For example, reductions of in-hospital falls, central line infections and surgical site infections associated with Te Tāhū Hauora quality improvement programmes have avoided costs worth \$25 million (in 2010 \$). These reductions have saved a minimum of 1213 disability-adjusted life years (DALYs). Based on the Accident Compensation Corporation's method for applying New Zealand Transport Agency Waka Kotahi estimation of the value of a statistical life these savings equate to \$274 million worth of value (in 2021 prices). Further, our trauma programme has saved another 1,248 DALYs, providing value of \$282 million.

---

9 New Zealand Public Health and Disability Amendment Act 2010.



## Evolving to meet new and more complex challenges

The 2001 Institute of Medicine aims of health care quality<sup>10</sup> formed a strong basis and influence for thinking about quality and patient safety when we were established.<sup>11</sup> They influenced the development of our work programmes at that time.

This thinking and expertise have expanded and evolved over the last 14 years. We work closely with those developing and delivering health services and listen to those who use these services. We seek to understand their needs and their views on what is important, and what they need from us, to decide how and where we focus our efforts. We also draw on te ao Māori frameworks and knowledge, alongside Pacific models, to inform health quality and safety and address inequity.

Our strategic priorities have also evolved, since our first SOI which was for 2010–13. These (as outlined in Figure 1) reflect where we have focused our efforts since our establishment and built up our organisation's strength and value over time.

The figure also shows how we have built 'enduring priorities', which underpin our work in the long term, into our strategy. Our enduring priorities are woven into, and progressed through, our strategic priorities.

---

10 The Institute of Medicine established six aims, or domains, of health care quality: safe, effective, patient-centred, timely, efficient and equitable. Agency for Healthcare Research and Quality. 2022. Six Domains of Healthcare Quality. URL: [www.ahrq.gov/talkingquality/measures/six-domains.html](http://www.ahrq.gov/talkingquality/measures/six-domains.html)

11 Minister of Health. 2003. Improving Quality (IQ): A systems approach for the New Zealand health and disability sector. Wellington: Ministry of Health.



**Figure 1: How our focus and priorities have evolved over time**

<p><b>SOI 2010 – 13</b></p>	<p>Information, analysis, prioritisation and advice Sector tools, techniques and methods Influencing quality and safety practice</p>	
<p><b>SOI 2014 – 18</b></p>	<p>Identifying areas for quality and safety improvement Advice and comment Assistance for the sector to effect change</p>	
<p><b>SOI 2017 – 21</b></p>	<p>Improving consumer and whānau experience Improving health equity Reducing harm and mortality Reducing unwarranted variation in the patterns of care</p>	
<p><b>SOI 2020 – 24</b></p>	<p><b>Strategic priorities</b> Improving experience for consumers and whānau Embedding and enacting Te Tiriti o Waitangi, supporting mana motuhake Achieving health equity Strengthening systems for high-quality services</p>	<p><b>Enduring priority</b> Te Tiriti o Waitangi</p>
<p><b>SOI 2023 – 27</b></p>	<p><b>Strategic priorities</b> Improving experience for consumers and whānau Enabling the workforce as improvers Strengthening systems for quality services Leading health quality intelligence Guiding improvement to prevent avoidable mortality</p>	<p><b>Enduring priorities</b> Embedding and enacting Te Tiriti o Waitangi Pursuing health equity</p>

Our vision remains current and aligns with the health system's long-term vision for health and wellbeing to achieve longer life expectancy and improved quality of life for all.

## Hauora kounga mō te katoa | Quality health for all

### Our expertise and experience in advancing health system priorities

Our role has remained constant within the reform of the health system.<sup>12</sup>

The Pae Ora Act confirmed our organisational objectives and expanded our functions, adding to our role in leading and guiding improvement. As a health Crown entity, we must give effect to the Government's priorities and objectives set for the health system within the Government Policy Statement (GPS) on Health 2024-2027<sup>13</sup> to the extent it is relevant to our functions, along with the Minister's Letter of Expectations. (The details of our organisation's objectives and functions are provided in Appendix 1, along with information about the national mortality review function, which is also within our mandate).

We guide and support the health system to achieve better health outcomes for all New Zealanders, including those with the highest need.<sup>14</sup> We influence health quality improvement in ways that work within new contexts and meet the needs of those in new roles, organisations and structures.

Our significant and longstanding expertise includes the design and implementation of health targets and wider system quality and safety performance, the development of iwi-Māori partnership board indicators, supporting development of clinical governance and safety systems and building workforce capability.

Our proven leadership in bringing people together, combined with our capability in developing meaningful, fit-for-purpose measurement systems<sup>15</sup> and integrating wider system processes, leads to genuine improvement.<sup>16</sup> This knowledge and experience are crucial as we increase our oversight of the health system's quality and safety. We are committed to regular reporting and supporting the Government and health system to measure and improve across various metrics, to deliver timely access to quality healthcare.

---

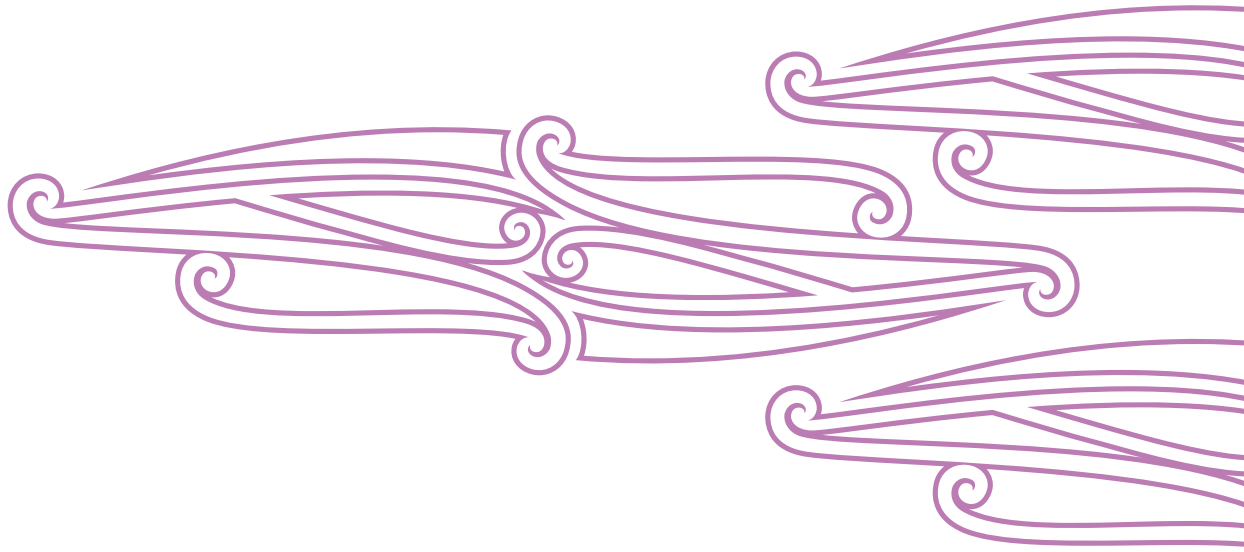
12 Health and Disability System Review 2020, op. cit.

13 Minister of Health. 2024. Government Policy Statement on Health 2024 - 2027. Wellington: Ministry of Health.  
[URL: www.health.govt.nz/publication/government-policy-statement-health-2024-2027](http://www.health.govt.nz/publication/government-policy-statement-health-2024-2027)

14 Reti S. 2024a. Health targets will deliver better outcomes for New Zealanders. Wellington: New Zealand Government.  
[URL: www.beehive.govt.nz/release/health-targets-will-deliver-better-outcomes-new-zealanders](http://www.beehive.govt.nz/release/health-targets-will-deliver-better-outcomes-new-zealanders)

15 Health Quality & Safety Commission 2019a, op. cit.

16 Examples include 223 avoided in-hospital fractured necks of femur since 2014; 118 avoided infections from cardiac surgery since 2018; 127 avoided infections from hip and knee surgery since 2016; 308 avoided cases of post-operative deep vein thrombosis or pulmonary embolism between 2013 and 2020; and 266 avoided in-hospital cardiac arrests since 2019.



We are further embedding and actioning the additional functions that the Pae Ora Act has given us, alongside those we were already using, allowing us to demonstrate and increase our value and impact on health quality and safety.

- We can make recommendations regarding health quality and safety to anyone who has the ability to influence these. We can draw on the learnings and experience of the national mortality review function, as well as other organisations and sectors, to understand what helps to make a recommendation effective and incorporate this learning into our practice. We can learn from and improve our recommendation practice as we apply it.
- 
- We were trusted with leading the development and implementation of the code of expectations for health entities' engagement with consumers and whānau (code of expectations),<sup>17</sup> and our existing role in leading the sector to engage with consumers and whānau was formalised. With the release of an implementation guide,<sup>18</sup> we are supporting and monitoring how the named health entities (including ourselves) are giving effect to the code. (see 'Strategic priority 1: Improving experience for consumers and whānau' in Section 4: Niho taniwha).
- 

17 Health Quality & Safety Commission. 2022. Code of expectations for health entities' engagement with consumers and whānau | Te tikanga mō te mahi tahi a ngā hinonga hauora ki ngā kiritaki me ngā whānau. URL: [www.hqsc.govt.nz/resources/resource-library/code-of-expectations-for-health-entities-engagement-with-consumers-and-whanau/](http://www.hqsc.govt.nz/resources/resource-library/code-of-expectations-for-health-entities-engagement-with-consumers-and-whanau/)

18 Code of expectations implementation guide. URL: [www.hqsc.govt.nz/consumer-hub/engaging-consumers-and-whanau/implementing-the-code/](http://www.hqsc.govt.nz/consumer-hub/engaging-consumers-and-whanau/implementing-the-code/)

## Strengthening relationships, partnerships and collaboration with new and reformed key organisations alongside us

Te Tāhū Hauora has always worked closely with and alongside organisations in the health sector, and we continue to do so. We are all more effective when we work together as an integrated and collaborative health quality system.

We are working alongside the key organisations that contribute to health quality and safety:

- Te Whatu Ora | Health New Zealand (Health New Zealand) holds the central role in health service delivery and quality. As they continue to transform, we will continue to be alongside providing collaborative support, insights and intelligence to assist their quality measurement, monitoring and efforts to achieve the most health gains.

---

- Manatū Hauora | Ministry of Health (Ministry of Health) has a focus on policy and system oversight. We continue to foster a close relationship to support its system leadership and monitoring role.

---

- Te Toihau Hauora, Hauātanga | The Health and Disability Commissioner (Health and Disability Commissioner) promotes and protects people's rights as set out in the Code of Health and Disability Services Consumers' Rights. Regular updates and the sharing of insights from the Commissioner help to highlight issues of national significance.

---

- Whaikaha | Ministry of Disabled People has been established to help shape the future in partnership with the disabled community and whaikaha Māori. The health of disabled people remains a health system responsibility, and we are committed to working alongside Whaikaha to improve the quality of health services for disabled people.

---

## Raising quality and safety challenges through measurable improvement

Our access to a range of information sources means we have early insights into emerging quality and safety challenges within the health sector. Through our monitoring of the quality and safety challenges shown in our data and communicated to us, we provide oversight and bring important issues to the attention to the Minister of Health and the other health entities. We work with the agencies and others to address these challenges and to influence appropriate interventions<sup>19</sup> such as within our role convening the National Quality Forum (see 'Strategic priority 3: Strengthening systems for quality services' in Section 4: Niho taniwha).

We expect to see interventions result in measurable improvement. If improvement does not occur, more work is required. When improvement occurs, we can 'close the loop', showing the Government, consumers and whānau that Te Tāhū Hauora and health sector partners have heard their feedback and taken action.

---

<sup>19</sup> We work through the National Quality Forum, which facilitates collaborative quality governance at a national level. We also work directly with agencies to partner with them and to influence improvement that is needed. Examples of areas that we have worked on recently include fetal anticonvulsive syndrome, the use of anticoagulants, test result follow-up, informed consent and encouraging faster action to prevent harm to patients from surgical mesh.



### **Increasing our focus on primary and community care**

Most health care delivery occurs within primary care services and communities.

We are therefore increasing our focus on these settings and developing relationships that support primary care and community providers to improve the quality and safety of their services. We work in partnership with those who can influence and support quality improvements to shape tools, measures and programmes that are meaningful and fit for purpose.

Our support includes working with primary care clinicians to develop an updated clinical governance framework that applies to their settings. The framework guides the health system to improve transitions of care between primary and secondary care providers (general practitioner and hospital, and hospital and general practitioner). We are working within primary care to demonstrate how the new framework can be used to establish strong clinical governance structures that support improved quality of care. We envisage these structures will enable primary care to better use learning from harm, patient experience surveys and local data to drive internal quality improvement activities.

We are identifying areas for improvement through our primary care patient experience survey, which is a unique source of intelligence.<sup>20</sup>

We are working alongside a number of iwi-Māori partnership boards supporting their role in local decision-making and the planning and delivery of health care in their communities through the co-design of quality measurement systems.

### **Enhancing mortality review with greater responsiveness and focus on impact**

National mortality review is a core function of Te Tāhū Hauora.

Following a review of this function in 2022,<sup>21</sup> a single National Mortality Review Committee<sup>22</sup> is now in place. It takes a strategic approach in providing an overview of all mortality and prioritising areas of focus for in-depth review and reporting.

The Committee has the flexibility to focus on both current and emerging priority areas for more impact.

It is intent on answering the question: *if it is avoidable, why isn't it avoided?* The new focus area will start with the experiences of family, whanau and 'aiga to understand their perceptions of what can be improved. It is through building on this wisdom that the Committee is planning to develop actionable recommendations that can address the inequities in avoidable mortality – in particular for Māori and Pacific communities. (see 'Strategic priority 5: Guiding improvement to prevent avoidable mortality' in Section 4: Niho taniwha).

---

20 Te Tāhū Hauora Health Quality & Safety Commission patient experience surveys. URL: [www.hqsc.govt.nz/our-data/patient-reported-measures/patient-experience/](http://www.hqsc.govt.nz/our-data/patient-reported-measures/patient-experience/)

21 Changes planned to improve Aotearoa New Zealand's mortality review function, see [www.hqsc.govt.nz/news/changes-planned-to-improve-aotearoa-new-zealands-mortality-review-function/](http://www.hqsc.govt.nz/news/changes-planned-to-improve-aotearoa-new-zealands-mortality-review-function/)

22 About the National Mortality Review Committee, see [www.hqsc.govt.nz/our-work/national-review-of-avoidable-deaths/national-mortality-review-committee/](http://www.hqsc.govt.nz/our-work/national-review-of-avoidable-deaths/national-mortality-review-committee/)



### 3. Heke

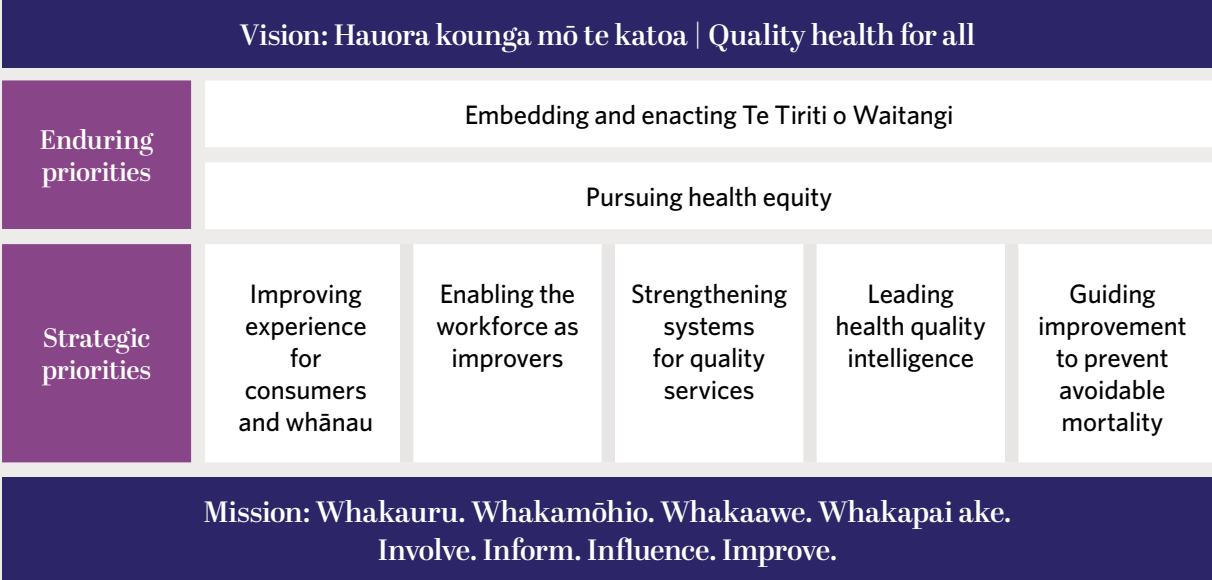
The **heke** are the rafters that uphold the tākū and secure it in place. The heke represent the mission and priorities of Te Tākū Hauora. The two koru on the heke represent the enactment of Te Tiriti o Waitangi through Māori and Crown partnerships.

This section outlines our enduring priorities, our strategic priorities and our mission.

Our enduring priorities represent our long-term and ongoing commitment to Te Tiriti o Waitangi and health equity. Our strategic priorities are defined by our functions and what we focus on.

Our mission reflects how we work to lead and guide health quality improvements.

Figure 2: A summary of our strategic intent



We support and align our work with the Government’s priorities to ensure timely access to quality health care (both mental and physical) and to improve health outcomes for all New Zealanders, including those with the highest need. The Minister of Health has set five priorities and targets for the health system over the next four years in the GPS on Health 2024-2027 (Figure 3).

Figure 3: Government Policy Statement on Health 2024-2027 priorities

Access	Timeliness	Quality	Workforce	Infrastructure
Ensuring every person, regardless of where they live in New Zealand, has equitable access to the health care services they need.	Ensuring people can access the health care and services they need, when they need it in a prompt and efficient way.	Ensuring the health care and services delivered in New Zealand are safe, easy to navigate, understandable and welcoming to users, and are continuously improving.	Having a skilled and culturally capable workforce who are accessible, responsive and are used optimally to deliver safe and effective health care.	Ensuring the health system has the digital and physical infrastructure it needs to meet people’s needs now and into the future.
Improvements in areas relating to health services			Improvements to critical enablers	

The Minister for Mental Health has also set priorities and targets in relation to the mental health and addiction sector. These focus on faster access to primary and specialist mental health and addiction services, shorter stays in emergency departments for mental health and addiction related presentations, an increase in the mental health and addiction workforce, and strengthening the focus on prevention and early intervention.

## Our enduring priorities

We recognise the need for strong Te Tiriti o Waitangi-based partnerships with Māori and recognise that equity is central to health quality improvement.<sup>23</sup>

In our Statement of Intent 2020–24, we developed our first enduring priority, which emphasised the articles of Te Tiriti o Waitangi and the Ritenga Māori Declaration.<sup>24</sup> We saw Te Tiriti o Waitangi as the foundation of health quality, safety and improvement in Aotearoa New Zealand and that this would be ongoing.

In 2023, we amended our existing enduring priority to become ‘Embedding and enacting Te Tiriti o Waitangi’. The purpose of this change has been to include and embrace the principles articulated by the courts and by the Waitangi Tribunal (2019) in *Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry (Hauora Report)*<sup>25</sup> that are broadly used across the sector and referred to in the Pae Ora Act (see the following discussion under ‘Embedding and enacting Te Tiriti o Waitangi’).

We also added another enduring priority that is critical to the impact of the work of Te Tāhū Hauora – ‘Pursuing health equity’. We need engagement and leadership from those experiencing inequity so we can understand, prioritise and propel effective improvement to benefit them. We can pursue health equity best through our strategic priorities in combination with our strong relationships with groups experiencing the greatest need.

While both enduring priorities were previously strategic priorities, their importance within the sector, their place and emphasis in the Pae Ora Act and their key role in driving the work of Te Tāhū Hauora, give them an elevated position across our strategic intent.

## Embedding and enacting Te Tiriti o Waitangi

We continue to prioritise our commitment to Te Tiriti o Waitangi as our nation’s founding document. Te Tiriti o Waitangi is central in the strategic intent and work of Te Tāhū Hauora. Meeting our obligations under Te Tiriti o Waitangi is necessary if we are to realise the overall vision of pae ora (healthy futures) for Māori.

By actively embedding and enacting Te Tiriti o Waitangi, we honour and value tangata whenua. By doing this we support the health system to have greater ability to recognise and prioritise Māori aspirations, te ao Māori and mātauranga Māori. Te Tāhū Hauora bases our approach on the articles of Te Tiriti of Waitangi and the Ritenga Māori Declaration, as Figure 4 outlines.

---

23 Poynter M, Hamblin R, Shuker C, et al. 2017. Quality improvement: no quality without equity? Wellington: Health Quality & Safety Commission. URL: [www.hqsc.govt.nz/resources/resource-library/quality-improvement-no-quality-without-equity](http://www.hqsc.govt.nz/resources/resource-library/quality-improvement-no-quality-without-equity)

24 Often referred to as the fourth article or the oral article.

25 Waitangi Tribunal. 2019. *Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry*. Wellington: Waitangi Tribunal.

**Figure 4: The foundations of how Te Tāhū Hauora approaches Te Tiriti o Waitangi**

Kāwanatanga – partnering and shared decision-making	Tino rangatiratanga – recognising Māori authority	Ōritetanga – equity	Wairuatanga – upholding values, belief systems and world views
Informed and shaped equally by tangata whenua and tangata Te Tiriti world views and perspectives	Recognising the importance of tangata whenua authority and autonomy. Supporting tangata whenua-led processes, actions and decision-making, through shared power and resources	Undertaking specific actions to ensure equitable outcomes for tangata whenua and recognising that these actions can also support equitable outcomes for other groups	Prioritising tangata whenua values, belief systems and world views

The strong knowledge and expertise that we can bring from our strategic priority areas are the value that we can contribute as a Te Tiriti o Waitangi partner for Māori. Our enactment of Te Tiriti o Waitangi within these priorities will enable us to work with our partners effectively and to support their leadership in guiding health quality improvement.


The health system can better recognise te ao Māori values and concepts and integrate them across design and practice in all health settings to improve access to health care, the quality and safety of health services and the health outcomes of all New Zealanders.

Analyses show that Māori do not benefit from health service access, treatment or improvement efforts as much as non-Māori. As a result, Māori have greater needs and experience worse health outcomes than non-Maori<sup>26</sup>

Systemic or institutional racism that advantages non-Māori over Māori occurs because western worldviews, systems and practices dominate the design and delivery of our health system.<sup>27</sup>

26 Health Quality & Safety Commission. 2019b. *A Window on the Quality of Aotearoa New Zealand's Health Care 2019 - a view on Māori health equity*. Wellington: Health Quality & Safety Commission. URL: [www.hqsc.govt.nz/resources/resource-library/a-window-on-the-quality-of-aotearoa-new-zealands-health-care-2019-a-view-on-maori-health-equity-2/](http://www.hqsc.govt.nz/resources/resource-library/a-window-on-the-quality-of-aotearoa-new-zealands-health-care-2019-a-view-on-maori-health-equity-2/)

27 Waitangi Tribunal. 2019. *Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry*. Wellington: Waitangi Tribunal, p 21.



Evidence shows that Māori-driven design and delivery of services result in improved outcomes for Māori and can effectively support all New Zealanders.<sup>28</sup> Co-designed initiatives in general services that centre on health equity and Te Tiriti o Waitangi-based partnerships, along with services led by and for Māori, will provide options that support self-determination. By supporting mana motuhake,<sup>29</sup> we support Māori solutions that work for Māori to advance Māori health, helping to address both institutional racism and inequity, with an aim to rebalance power within the health system.

Te Tāhū Hauora is committed to enacting and embedding Te Tiriti o Waitangi by drawing on the principles articulated within the *Hauora Report*.<sup>30</sup> The following principles guide the ongoing commitment of Te Tāhū Hauora and the wider health sector to give effect to Te Tiriti o Waitangi.

- **Tino rangatiratanga (self-determination):** The guarantee of tino rangatiratanga provides for Māori self-determination and mana motuhake in the design, delivery and monitoring of health services.
- **Ōritetanga (equity):** The principle of equity requires the Crown to commit to achieving equitable health outcomes for Māori.
- **Whakamaru (active protection):** The principle of active protection requires the Crown to act, to the fullest extent practicable, to achieve equitable health outcomes for Māori. This includes ensuring that the Crown, its agents and its Te Tiriti partner are well informed on the extent and nature of both Māori health outcomes and efforts to achieve Māori health equity.
- **Kōwhiringa (options):** The principle of options requires the Crown to provide for and properly resource kaupapa Māori health services. Furthermore, the Crown is obliged to ensure that all health and disability services are provided in a culturally appropriate way that recognises and supports the expression of hauora Māori models of care.
- **Pātuitanga (partnership):** The principle of partnership requires the Crown and Māori to work in partnership in the governance, design, delivery and monitoring of health services. Māori and the Crown must be co-designers of the primary health system for Māori.

In applying these principles, we will continue to strengthen and build Te Tiriti o Waitangi-based partnerships with Māori across each of our strategic priorities, so that our work benefits from Māori leadership and direction, driving effective improvement for Māori in areas that Māori prioritise.

---

28 Ahuriri-Driscoll A, Williams M, Vakalalabure-Wragg U. 2022. *Evolution of Racism and Anti-racism – Lessons for the Aotearoa New Zealand Health System (Stage One Literature Review)*. Wellington: Ministry of Health. URL: [www.health.govt.nz/publications/evolution-of-racism-and-anti-racism-lessons-for-the-aotearoa-new-zealand-health-system-stage-one](http://www.health.govt.nz/publications/evolution-of-racism-and-anti-racism-lessons-for-the-aotearoa-new-zealand-health-system-stage-one)

29 In simple terms, mana motuhake 'is the ability of Māori to be Māori, on their terms, and to control things according to their values and what they think is important. And that is about aspirations for their own development. It is about building their capacity and capability.' Health Quality & Safety Commission 2019a, op. cit., p 13.

30 Waitangi Tribunal 2019, op. cit.

## Pursuing health equity

Health equity means that everyone has the opportunity to achieve good health outcomes, regardless of their background or circumstances. It requires treating people fairly, and being prepared to work differently, using different approaches, to meet the diverse needs of different individuals, their families, whānau and communities.<sup>31</sup> In contrast, health equality means that everyone receives the same care, regardless of their individual or whānau needs or circumstances.

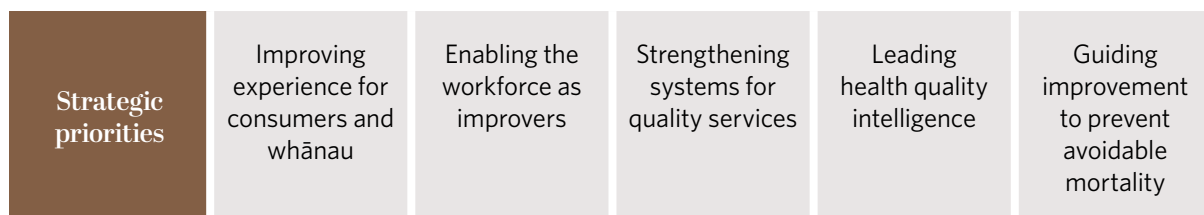
By supporting the health system to provide high-quality, culturally safe and accessible health services to populations with the highest needs, we contribute to greater equity of health outcomes across all population groups. All of our strategic priorities will have a health equity focus, and we will use the strengths and tools within each of these priorities to push harder for health equity throughout the health system.

The work of Te Tāhū Hauora, other health organisations and researchers in Aotearoa New Zealand has highlighted significant health inequities faced by certain populations, notably Māori,<sup>32</sup> Pacific peoples and disabled people.<sup>33</sup> We will continue to focus on building our relationships and strengthening our ability to influence health equity for priority populations.<sup>34</sup>

## Our strategic priorities

Our strategic priorities outline what we are working towards, over the next 3–4 years, to contribute toward our vision - 'Hauora kounga mō te katoa | Quality health for all' (Figure 5). The work that we do across each strategic priority actively applies and advances both enduring priorities.

Figure 5: Our strategic priorities



31 Health Navigator. 2022. Equity for healthcare providers. URL: [www.healthnavigator.org.nz/clinicians/e/equity](http://www.healthnavigator.org.nz/clinicians/e/equity)

32 Health Quality & Safety Commission 2019b, op. cit.

33 Health Quality & Safety Commission. 2018. *A Window on the Quality of Aotearoa New Zealand's Health Care 2018*. Wellington: Health Quality & Safety Commission. URL [www.hqsc.govt.nz/resources/resource-library/a-window-on-the-quality-of-new-zealands-health-care-2018/](http://www.hqsc.govt.nz/resources/resource-library/a-window-on-the-quality-of-new-zealands-health-care-2018/)

34 Aligned with the Government Policy Statement on Health 2024–2027, priority populations include Māori, Pacific peoples, disabled people, women and people living rurally.

We deliver value to Aotearoa New Zealand and to the people who use health services through the work we do to advance these priorities. This work brings together the strength of our organisational knowledge, expertise and role in health quality and safety (explained in Section 2: Tāhū) and our strategy (outlined in this section). We discuss what we do within each priority in Section 4: Niho taniwha.

**Our mission: How we work**

**Whakauru. Whakamōhio. Whakaawe. Whakapai ake.  
Involve. Inform. Influence. Improve.**

Te Tāhū Hauora works with others through strong partnerships and collaboration (involve), to measure, analyse, share and advise (inform); influence thinking and action (influence); and coordinate, support and facilitate measurable improvements (improve) (Figure 6). We view the four areas of our mission as strengths for Te Tāhū Hauora, which we have developed over time and continue to strengthen.

**Figure 6: Our mission and how we apply it to progress our functions**

Involve	Inform	Influence	Improve
<p>We work alongside people who can influence health quality improvement, including people in government agencies; clinicians, providers and the wider workforce; and consumers, whānau and communities, particularly those experiencing health inequity; and we work in partnership with Māori.</p>	<p>We work to inform those who can influence the quality and safety of services, and we gather and use the information that they have to share for improvement. We share knowledge and data, and we make information transparent and available.</p>	<p>We work to influence people’s understanding, knowledge, awareness and capability, strengthening their ability to understand and act for improvement. We encourage them to use their influence to improve health services.</p>	<p>We build improvement capability and provide expertise to support quality improvement programmes in the sector, and we lead improvement in specific agreed areas.</p>



We are 'leading out with influence' to have impact and drive health gains. We are building more relationships and partnerships to bring about action for improvement. We work to ensure that a broad range of expertise is involved in advancing shared health quality goals. We encourage people to engage and to work to improve health quality and safety alongside us and each other.

The general public has an interest in the quality and safety of the health services and systems that they and their whānau use. We make efforts to help people understand health quality and safety and how they can influence it.

We value and seek to benefit from expertise based on lived experience, cultural expertise, clinical expertise, quality improvement expertise and other skills, knowledge and experience that can help to improve health services and systems. We recognise that improvement also takes place within specific contexts and having contextual knowledge and expertise is essential. We will draw on all our strengths, including those we have gained from the Pae Ora Act, to influence using all our tools, techniques, relationships and partnerships and drive measurable impact for the health of all New Zealanders.

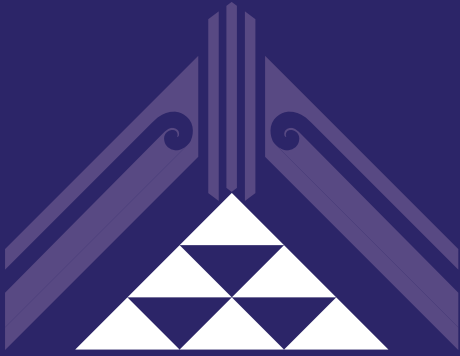
We will provide information, tools and resources that clearly identify where change is required and use our information and evidence to make recommendations for improvement.<sup>35</sup> Recommendations can be made to anyone; however, our focus is typically on system and sector changes, particularly where other Crown entities are involved. This includes our role in assisting and supporting the implementation of recommendations.

As an example, in response to consumer concerns about surgical mesh, we joined Ministry of Health efforts to reduce harm. In late 2022, along with the Health and Disability Commissioner, we wrote to the Ministry of Health and Health New Zealand, reaffirming our support for implementing recommendations through the Surgical Mesh Roundtable. The Director-General of Health recommended a time-limited pause on using mesh for stress urinary incontinence, effective 23 August 2023, until specific conditions, aligned with our recommendations, are met. Further, in partnership with the Ministry of Health, we released two new consumer resources, *Understanding and managing urinary incontinence* and *Surgery for stress urinary incontinence* to support women make informed decisions about treatment options.

Each year, our Statement of Performance Expectations expands on our mission, providing more specific detail on how we intend to work in the coming year.

---

35 For more information see URL: [www.hqsc.govt.nz/news/new-guides-to-manage-stress-urinary-incontinence/](https://www.hqsc.govt.nz/news/new-guides-to-manage-stress-urinary-incontinence/)



## 4. Niho taniwaha

The **niho taniwaha** pattern represents the village or pā structure, where whānau and hapū live together within a safe environment. This relates to the protection that the tāhū and heke create for the people. People are central to all we do within the key facets of all our work including leadership, relationships, partnerships, facilitation, knowledge and information.

In this section, we discuss our key areas of focus and how we help enhance and improve the quality and safety of the health system. We detail how we take our strategic priorities forward, drawing on the expertise of the many people that we partner with and work alongside, to benefit the people who use health services.

Each of our strategic priorities requires active and focused advancement of both enduring priorities. These enduring priorities are brought to life through our strategic priorities.



## Strategic priority 1: Improving experience for consumers and whānau

Consumer engagement is a pillar of health quality and safety.<sup>36</sup> Established evidence shows that engaging consumers and whānau leads to:

- better health and care outcomes<sup>37</sup>
- enhanced service delivery and governance
- culture change within the organisation
- meaningful change and mutual learning<sup>38</sup>
- lower cost of care delivery.<sup>39</sup>

Under the Pae Ora Act, Te Tāhū Hauora has a central and leading role in supporting the sector to improve how it engages with consumers and whānau through implementing the requirements of the code of expectations. Our central role requires us to champion authentic reflection and action based on consumer and whānau engagement across the health sector. We lead and guide through our work in the following areas.

- **Ngā Pae Hiranga (pathways towards excellence):** Through Ngā Pae Hiranga, Te Tāhū Hauora demonstrates how to engage and reflect community perspectives in the design, delivery and evaluation of services by providing information and guidance resources to assist health entities. We model partnership and shared leadership with consumers, whānau and their communities, at all levels.
- **Consumer health forum Aotearoa.** We have established, and continue to support, a diverse network of consumers within the consumer health forum Aotearoa. The forum is designed to amplify the voices of Māori and other populations experiencing persistent inequities in today's system to guide active partnerships between communities and the health sector. The forum promotes and advances the engagement of consumer and whānau voices in the health system by linking health system entities to diverse consumer groups at the right level, in the right way.

36 Doyle C, Lennox L, Bell D. 2013. A systematic review of evidence on the links between patient experience and clinical safety and effectiveness. *BMJ Open* 3: e001570. DOI: 10.1136/bmjopen-2012-001570.

37 *Ibid*

38 Consumer engagement improves access to services. See: Bombard Y, Baker GR, Orlando E, et al. 2018. Engaging patients to improve quality of care: a systematic review. *Implementation Science* 13(1): 98. DOI: 10.1186/s13012-018-0784-z

39 The Health Foundation. 2016. *Person-centred Care Made Simple: What everyone should know about person-centred care*. London: The Health Foundation. URL: [www.health.org.uk/sites/default/files/PersonCentredCareMadeSimple.pdf](http://www.health.org.uk/sites/default/files/PersonCentredCareMadeSimple.pdf)

- **Measuring successful consumer, whānau and community engagement.**

Our information sources help us to gain an understanding of what is occurring nationally, and how and where improvements to services can be made, from a community perspective. More specifically, Te Tāhū Hauora is the organisation responsible for leading and supporting the implementation of the code of expectations with named health entities (including ourselves) monitored within the consumer quality and safety marker (QSM).<sup>40</sup> The consumer QSM highlights examples of how health care organisations are engaging with consumers, whānau and communities in the design, delivery, and evaluation of the Aotearoa New Zealand health system. It demonstrates how organisations are giving effect to the code of expectations for health entities' engagement with consumers and whānau.

As a result of our work, we expect key documents will shift their narratives to demonstrate equitable and active partnerships with consumers and whānau across the health sector. We expect the voices of consumers and whānau to be amplified and prioritised in health sector design, delivery and evaluation. Over time, we expect to see improved health outcomes and experiences for in particular for those with the highest need.

We can track our progress through our own reporting within the consumer QSM and by measuring improvement in patient experience surveys from baselines, and we can further guide health services' work with consumer and whānau groups by showing how to monitor the results and learn from and respond to them.

We partner with the Ministry of Health to understand how we can best help the sector to implement the code of expectations, and we are working alongside Health New Zealand as their consumer engagement and whānau voice programme is developed.

### How we advance our enduring priorities

Changes to the health system require us to work together to increase equity and better serve our community. Working with iwi-Māori partnership boards will be integral as they are tasked with collecting whānau voices to inform health providers in this work. Gathering information from the whānau voice is critical to improving services to better meet whānau needs and aspirations.

Māori are a collective people, and the concept of whānau reflects this collectivism. Acknowledging, respecting and encouraging the individuality of whānau members is equally important. This way of being and living ensures a variety of perspectives are considered in the collective approach and in decision-making. To better serve whānau, we need to understand the people within the whānau by listening to who they are, what they need and what they want health providers to know. Collecting the whānau voice requires us to gather information with our ears, eyes, hearts and minds to understand the collective experiences and aspirations of whānau.

Complementary to our work with consumer voice, we provide support and guidance for whānau and, where needed, gather their voice to understand their experience of engagement with health services. It is expected that this work will clarify what health quality and safety look like for priority populations.

40 Consumer and whānau engagement quality and safety marker. URL: [www.hqsc.govt.nz/consumer-hub/engaging-consumers-and-whanau/consumer-engagement-quality-and-safety-marker/](http://www.hqsc.govt.nz/consumer-hub/engaging-consumers-and-whanau/consumer-engagement-quality-and-safety-marker/)



## Strategic priority 2: Enabling the workforce as improvers

The health workforce<sup>41</sup> is a critical enabler to improving the quality and safety of care.<sup>42</sup> To reflect the key role of the workforce in health quality and safety, and support the GPS on Health 2024-2027,<sup>43</sup> our work aims to contribute to building knowledge, skills, ability and confidence in quality improvement within the health workforce to improve the quality and safety of health services.

We recognise that the significant challenges over recent years, including the COVID-19 pandemic, health sector reforms and workforce shortages, have put extra pressure on an already stretched workforce. In 2022, as part of our work to understand the impact of the Omicron variant, we spoke with members of the health workforce across primary care, aged residential care, emergency departments and ambulance services, intensive care, planned care, Māori community providers, Pacific providers, home and community care and consumer councils. Workforce members we engaged with expressed concerns about how workforce shortages, patient flow and reduced access to services exacerbated inequity in health care; their inability to prioritise work that supports quality; and wellbeing impacts on themselves and their whānau. They called for strategic approaches to workforce planning, ensuring partnerships with Māori and the involvement of Pacific, community and primary care in future planning in the longer term. The need for a system reset was raised. We shared their concerns, thoughts and ideas with decision-makers to support effective decision-making through this time.

We are working with Health New Zealand (and previously with Te Aka Whai Ora | Māori Health Authority) to explore new ways of working together in delivering workforce education. This includes working with the broader health workforce, such as through education providers and regulatory bodies. Through our *Ako tahi hei whakapai ake i te kounga* | Improving together programme, we are building health care quality improvement leadership and capability so that the health workforce at all levels are enabled and empowered to drive change and improve the quality of care they provide to patients and whānau. By empowering our health care professionals through building greater capacity and capability in quality improvement across the whole of the sector, we can help shape a stronger culture of quality and safety in our reformed system.<sup>44</sup> We need to build a system that enables the workforce to be active improvers and that facilitates and supports them so they can see the difference their efforts make.

---

41 Under the Pae Ora Act, provider means a person who provides or arranges for the provision of services. When we use the term 'workforce', we are referring to the provider workforce. The workforce therefore includes the clinicians, leaders, managers, quality improvers and everyone else involved in providing health care to people in Aotearoa New Zealand. The term includes the workforce nationally, regionally and locally across hospitals, primary care, community care, Māori and Pacific services and specialist health services.

42 Nundy S, Cooper LA, Mate KS. 2022. The quintuple aim for health care improvement: a new imperative to advance health equity. *Journal of the American Medical Association* 327(6): 521-22. DOI: 10.1001/jama.2021.25181.

43 The workforce is stated as a priority in the Government Policy Statement on Health 2024-2027.

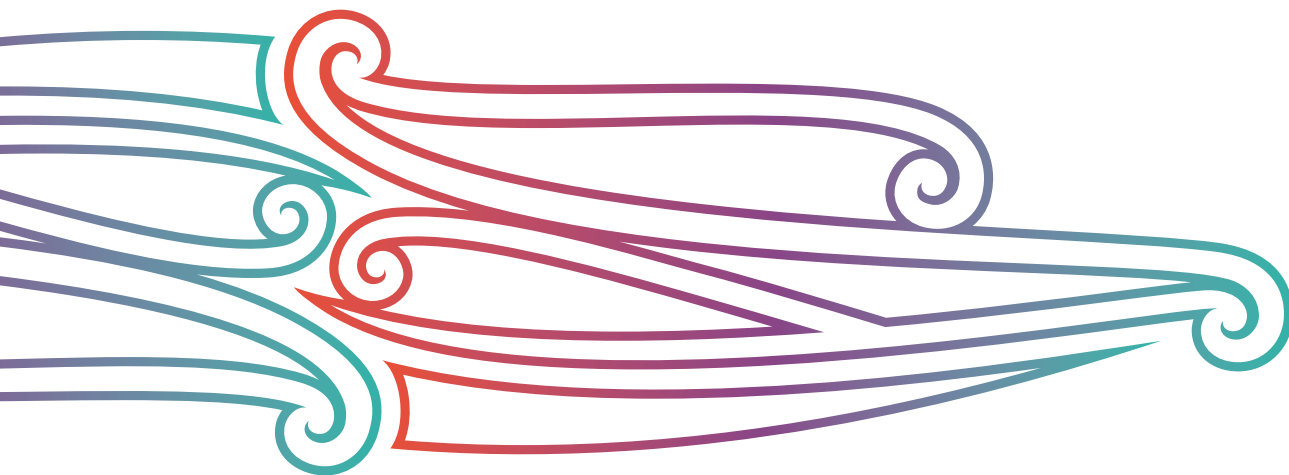
44 IHI Multimedia Team. 2017. Lessons for building a strong quality improvement culture. Institute for Healthcare Improvement.

### How we advance our enduring priorities

Our leadership development and capability building are driven by our enduring priorities. We help to guide the workforce to embed and enact Te Tiriti o Waitangi and to build partnerships with Māori to improve systems and services for Māori. We aim to draw on Māori methodologies and approaches that have been shown to be effective, and we encourage learning from these.

We build workforce skill and confidence in engaging with consumers, whānau and communities that experience health inequity, so the workforce can collaborate with and learn from these groups. We promote and support health equity and cultural safety practice throughout the system through our capability building and leadership development.

We also work to increase the improvement capability of those in the workforce who represent groups that experience health inequity, so they are enabled to lead change to benefit those groups. We acknowledge and respect the rights of Māori to actively participate, and further prioritise the participation of representatives of priority populations in our quality improvement education and training.



### **Strategic priority 3: Strengthening systems for quality services**

We need strong system foundations to provide people with timely, accessible and quality health services that are equitable, safe and meet their needs. We need to build and strengthen systems that:

- support and prioritise relationships and develop shared understandings of safety, quality and processes of quality governance

---

- actively monitor patient safety and emerging quality issues and can respond quickly to avoid or reduce health care harm<sup>45</sup>

---

- enable resilient and adaptive health care that can respond to needs and challenges as they arise

---

- can look beyond their own structural and systemic biases so they can better address ongoing patterns of harm such as health inequity.

---

At all levels, quality and safe health care requires strong partnerships of trust, open communication, a willingness to share and learn and capability and support to use information faster and more proactively. This is particularly important as the sector adjusts to the reforms and health agencies embrace their roles within it. We will continue to build on how we work most effectively alongside, and in support of, the Ministry of Health and Health New Zealand to advance the quality agenda for Aotearoa New Zealand.

The Pae Ora Act requires new cultures, structures and systems where government agencies, tangata whenua, the workforce and consumers and whānau can work together collaboratively to guide and direct improvement. Te Tāhū Hauora is developing updated guidance for clinical governance that meets the expectations of the Pae Ora Act, building on our previous clinical governance guidance foundations. This guidance will provide a framework that responds to the new structures and context of Aotearoa New Zealand's health system and will be applicable across the system from community care to hospital care.

We convene the National Quality Forum to highlight quality and safety issues and work with others to prioritise issues needing to be addressed and to find solutions. The National Quality Forum is a collaboration of health agencies and stakeholders in which complex cross-sector quality and safety issues are raised and multiagency interventions are planned with clear responsibilities, outcomes and actions.

---

<sup>45</sup> Health care harm is a physical, psychological, social or spiritual injury or experience that occurs as a result of providing or receiving health care.

Te Tāhū Hauora is also tasked with coordinating a system safety strategy for the health and disability sector to build on Aotearoa New Zealand's commitment to minimise avoidable harm in health care and improve patient safety.<sup>46</sup> Improving quality and safety in the health sector by actively reducing harm and preventing avoidable mortality<sup>47</sup> is a critical component of providing safe and effective care to all New Zealanders. Quality health care builds systems to identify areas where harm is most likely to occur and takes steps to prevent it from happening.

Te Tāhū Hauora maintains an active role in identifying opportunities to reduce harm. We are working with the Ministry of Health and Health New Zealand to rethink and restructure the cross-system approaches to governance for the use of medication and infection prevention and control. Both of these issues were discussed first at the National Quality Forum. Our work on national quality improvement initiatives, such as the paediatric early warning system and reducing harm from anticoagulants, remains key. We will continue to support efforts to reduce healthcare-associated infections and are looking to scope a project on reducing harm from sepsis with a community focus.

We recognise that the workforce adapts to challenges and changes to maintain high-quality care. We use this understanding to develop approaches to creating safe, high-quality care in Aotearoa New Zealand, within a programme we refer to as he toki ngao matariki Aotearoa (Resilient Health Care Aotearoa).<sup>48</sup> We also work to build capability in restorative approaches and hohou te rongo (peace-making from a te ao Māori world view), an important component of the revised policy on healing, learning and improving from harm. Restorative approaches further embed consumer voices in the way adverse events are managed.

A high-quality health system needs to build the capability to look beyond inbuilt structural and systemic biases. This will mean that ongoing patterns of harm – including inequitable access, effectiveness and outcomes – for particular population groups can be understood and addressed. Drawing on the strengths of diverse world views, approaches and methodologies, particularly of groups experiencing health inequity, can also support improvement.

We can build a more resilient and stronger health system if we broaden our thinking, methodologies and approaches and if we combine our hard data with soft intelligence from our workforce, partners and networks, to build our understanding of and effective response to complex challenges.



---

46 Referred to in the 'Letter of Expectations 2024/25 for Te Tāhū Hauora Health Quality & Safety Commission from the Minister of Health.

47 Avoidable mortality refers to death which is preventable (ie through health promotion campaigns, public policy etc) and treatable (through the provision of safe, effective health services).

48 Te Tāhū Hauora. 2022. Mō mātou | About us. URL: [www.hqsc.govt.nz/our-work/system-safety/resilient-healthcare/about-us](http://www.hqsc.govt.nz/our-work/system-safety/resilient-healthcare/about-us)



### How we advance our enduring priorities

Our work to improve quality and strengthen safety drives health equity and seeks to enact and embed Te Tiriti o Waitangi in services and systems. We work to guide general services in building their quality systems to enact Te Tiriti o Waitangi and to draw on te ao Māori world views to inform improvement.

We recognise that to effectively address institutional racism and advance health equity for Māori, Pacific peoples and others experiencing inequity, systems must actively support:

- cultural safety and anti-racism practice
- Te Tiriti o Waitangi-based partnerships to strengthen mātauranga Māori and support mana motuhake.

Our work on improving quality and strengthening safety seeks to drive the provision of this support, both directly through our programmes and by supporting the excellent work of others, such as Ao Mai te Rā | The Anti-Racism Kaupapa led by the Ministry of Health.

In areas of identified health care harm, Te Tāhū Hauora ensures that equity is a priority in system safety interventions. We acknowledge and respect the rights of Māori to participate, and further prioritise the active participation of priority populations as we make health care safer for the people who use it.

## Strategic priority 4: Leading health quality intelligence

One of the core building blocks the health sector needs for data-informed quality improvement, identified in the Health and Disability System Review and in the *Hauora Report*,<sup>49</sup> is meaningful, useable health quality intelligence.

The Government and health sector relies on data and information, in multiple forms, to assess health quality. Te Tāhū Hauora provides a central point for analysing and reporting health quality and safety, enabling the monitoring of key quality indicators and targets over time.

By performing rigorous measurement and analysis of health data, Te Tāhū Hauora identifies current health care quality and safety changes and gaps, which can then contribute to evidence-informed quality improvement initiatives. Providing transparent and accessible health quality and safety analysis is crucial to ensure that the health care system is accountable and responsive to the needs of patients and the public.

We provide a health quality and safety 'measures library', a centralised reference library that publishes a range of quality-focused measures and resources to create a common understanding of health system and service quality and safety measurement. The library supports the reformed health system goals of improving equity in outcomes and experiences of care by highlighting specific measures that can be used across the sector to support better health service design and delivery.

Other key health quality intelligence tools to support the sector are shown in Table 1. These tools underpin and are widely used to prioritise equity-driven and co-designed improvement initiatives and services.

49 Waitangi Tribunal 2019, op. cit.

**Table 1: Te Tāhū Hauora data intelligence sources**

Analytical tools	Health quality and safety indicators measure the quality and safety of services.
	The Atlas of Healthcare Variation shows variations in the health care received by people in different geographical regions.
	The dashboard of health system quality brings a range of measures together in one place, including quality priorities at a national level and a Māori health equity report.
	Quality and safety markers focus on driving improvement in key safety priorities: consumer engagement, falls, healthcare-associated infections, surgical harm and medication safety.
Patient-reported experience measures (PREMs) and patient-reported outcome measures (PROMs)	National patient experience surveys enable the regular collection, measurement and use of patient experience information. The two surveys are the 'Adult hospital inpatient experience survey' and the 'Adult primary care patient experience survey.'
Publications	Public reporting within the Window on the quality of health care reports draws on national data sets via robust and validated indicators and other evidence to provide insight into the quality and safety of Aotearoa New Zealand's health care.
Health workforce capability building	The Measures Library is a centralised reference 'library' that publishes a range of quality- and safety-focused measures and resources to create a common understanding of health system and service measurement.

**Supporting government and local data processes and measurement**

Our collaborative work and engagement with key stakeholders across the health workforce and wider government, allows us to establish data and information collection and analysis processes that support improvement.

We are increasing our focus on oversight of the quality and safety of the health system and working with the Ministry of Health and Health New Zealand on the design and implementation approach to monitoring health targets and wider system performance. Our work helps the system to understand whether improvement efforts are working across the identified targets and where our longer-term measures are most usefully directed to result in health gains.

We are establishing relationships with iwi-Māori partnership boards, primary and community health care and communities. We are here to support and arm them with meaningful, useable health quality intelligence to use in their design and decision-making processes and to enable them to drive and influence the health outcomes of their communities.

### How we advance our enduring priorities

Our measures and intelligence include analysis by population groups to help us understand health equity and how the health sector is progressing toward it. We monitor the impact, and equity of impact, of health quality improvement within the health system so that we can understand whether efforts to improve health quality also improve equity. We make efforts to focus our data and analysis on groups or populations with the greatest need.

We are supporting Māori aspirations. We are working with iwi-Māori partnership boards to develop measures and analysis to support their key role in local decision-making to drive improvement to meet the needs of their communities.

## Strategic priority 5: Guiding improvement to prevent avoidable mortality

Mortality review is a specific quality improvement tool that involves learning from avoidable mortality to improve systems and practice within services and communities in ways that reduce morbidity and mortality. Te Tāhū Hauora holds legislative responsibility for Aotearoa New Zealand's national mortality review functions under section 82 of the Pae Ora Act.<sup>50</sup>

Our role requires us to have strong relationships that extend beyond the health sector to the social, education and judicial systems and across government. We know from our experience of mortality review over the years that much avoidable mortality is grounded within inequity in the wider determinants of health, 'upstream' from the health system itself. Therefore, we must be able to inform and influence across government (upstream of the health system as well as within it) to propel better health outcomes and reduce avoidable mortality. We continue to work collaboratively across government, health care providers, policy makers, families and whānau on improvements to reduce harm and address inequities in avoidable mortality.

The first year of operations for the National Mortality Review Committee has seen refinements to the function. The Committee has developed a strategic plan for the next few years. While continuing with the enduring programme of work reviewing family violence homicides, the Committee will also be focusing on inequities in diabetes-related death, Pacific maternal and perinatal health, family experiences of avoidable death and reporting on avoidable death across the population.

Alongside Te Tāhū Hauora, the Committee can develop specific, actionable and evidence-based recommendations to influence system changes to reduce avoidable mortality and improve services. New pathways for disseminating findings and recommendations are being developed.

---

50 Pae Ora (Healthy Futures) Act 2022, section 82. URL: [www.legislation.govt.nz/act/public/2022/0030/latest/LMS575587.html](http://www.legislation.govt.nz/act/public/2022/0030/latest/LMS575587.html)

All mortality review work programmes include an active focus on understanding and addressing the inequitable experience of avoidable mortality for Māori and other population groups and people. We continue to support local multisectoral mortality review systems to learn from avoidable mortality and to influence local system improvement to reduce avoidable mortality.

### How we advance our enduring priorities

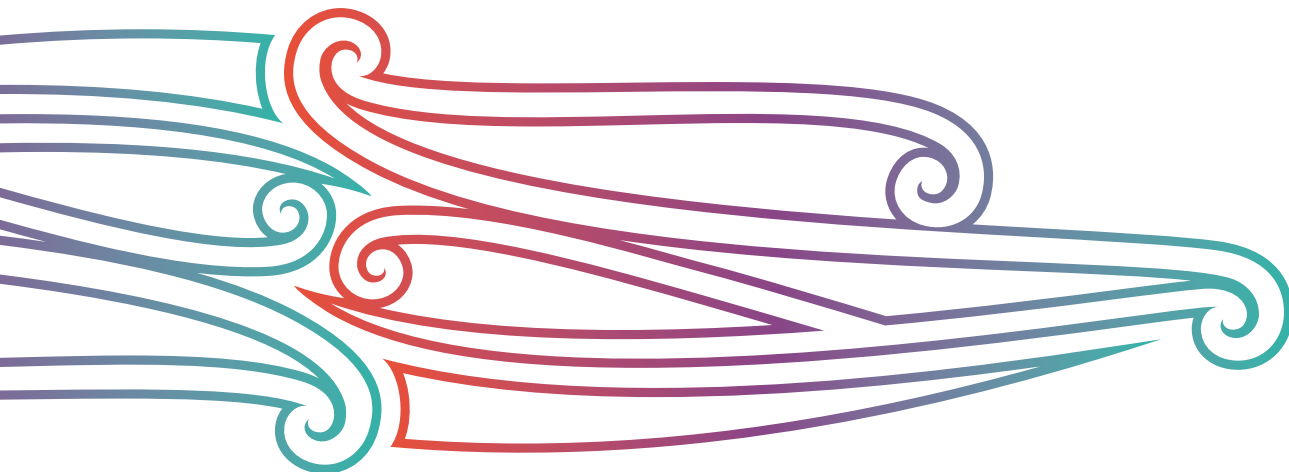
Mortality review has an active focus on understanding and addressing the inequitable and avoidable mortality experienced by Māori and other population groups.

The National Mortality Review Committee itself has equal Māori representation at a minimum, and the prioritisation process includes a deliberate focus on areas of mortality where Māori experience the poorest outcomes.

Whānau voices are an integral and needed aspect to inform review processes, and mortality review is guided by Te Pou – Māori responsive rubric and guidelines.<sup>51</sup>

### How we measure our progress

We maintain a close eye on specific measures that provide us with assurance that our work is contributing to improvement. Table 2 highlights the specific medium- and long-term indicators that we have been measuring over the last 4 years. These have been reported each year in our annual report, and we will continue to measure them to understand how our work is progressing over the next 3–4 years.



51 Health Quality & Safety Commission. 2022. Te Pou – Māori responsive rubric and guidelines. URL: [www.hqsc.govt.nz/resources/resource-library/te-pou-maori-responsive-rubric-and-guidelines/](http://www.hqsc.govt.nz/resources/resource-library/te-pou-maori-responsive-rubric-and-guidelines/)

**Table 2: The medium- to long-term impact and outcome measures for our enduring priorities and strategic priorities**

Enduring priorities	What impacts and outcomes we expect to see and have been measuring and reporting in our annual reports (and the time anticipated to be able to see change)
Embedding and enacting Te Tiriti o Waitangi	Improved Māori patient experience survey results (percentages) from baselines (3-5 years)
	Qualitative and quantitative measures and reporting across programme areas that show improved health equity for Māori (3-5 years)
	Improved Māori health outcome measures (5-10 years)
Pursuing health equity	Maintained or improved patient experience survey representativeness, particularly for groups experiencing health inequity (3-5 years)
	Reductions in unwarranted health care variation measures across population groups (3-5 years)
	Greater health equity in our system and programme measures (3-5 years)
Strategic priorities	What impacts and outcomes we expect to see and have been measuring and reporting in our annual reports (and the time anticipated to be able to see change)
Improving experience for consumers and whānau	Improved consumer and whānau experience as a result of improvements made by providers, which they were supported to make by learning from patient experience surveys (3-5 years)
	Consumer and whānau measures and reporting across our programme areas (qualitative and quantitative) indicating improvement in engagement and experience (3-5 years)
Enabling the workforce as improvers	Health sector has increased use of quality improvement evidence from Te Tāhū Hauora tools, publications and education (1-3 years)
	Improvement in outcomes as a result of quality improvement approaches (3-5 years)
Strengthening systems for quality services	Improved quality and safety measures within our programme areas (2-5 years or longer)
	Reduced bed-days within our programme areas (2-5 years or longer)
	Reduced number of disability-adjusted life-years lost due to complications and poor outcomes within our programme areas (2-5 years)
Leading health quality intelligence	Health sector has increased capability in using data to improve quality and safety. (3-5 years)
Guiding improvement to prevent avoidable mortality	Reduced mortality over time in mortality review cohort groups (long term, intergenerational)



---

## 5. Te hauora me te kaha o te whakahaere

### Organisational health and capability

Our organisation's health and capability support us to work effectively toward our strategic priorities in ways that align with our partners and stakeholders.

The areas we consider essential to our effectiveness include: our governance structure (our board); our relationship with Ministers; our people and their capability and capacity; our focus on improving our performance; and how we are strengthening our capability to work to be consistent with Te Tiriti o Waitangi and to support mana motuhake. In addition, a strong foundation of careful financial management and a focus on environmental sustainability (see below) support our organisation.



## Our governance

We are governed by a board of no fewer than 7 members who are appointed by the Minister of Health.<sup>52</sup> Rae Lamb is our board chair.<sup>53</sup>

The board works alongside its governance advisory partners, Te Kāhui Piringa and our consumer advisory group, Te kāhui mahi ngātahi, to ensure Māori world views and lived experience are central to our work. The board also has an audit sub-committee, which provides assurance and assistance with our financial statements and internal control systems.

A range of expert advisory groups and the National Mortality Review Committee also support and direct our work.

### Te Kāhui Piringa, our Māori advisory group

Te Kāhui Piringa partners with the board to provide advice, guidance and direction on strategic priorities regarding the enactment of Te Tiriti o Waitangi. This includes bringing Māori worldview knowledge and the perspectives of Māori consumer, whānau, hapū, and iwi to improve the quality and safety of the health system to better meet the needs of Māori.

Membership consists of up to eight Māori health sector experts who are recognised for their rangatiratanga (their mana, leadership, matauranga and te ao Māori) and their health and hauora knowledge, skills and expertise.

Te Kāhui Piringa meets up to five times a year and sits in joint sessions with our board to support and shape our strategic direction to ensure that our work supports the best possible health outcomes for Māori.

### Te kāhui mahi ngātahi, our consumer advisory group

Te kāhui mahi ngātahi carries out the following functions.

- Advise the board and chief executive on strategic issues, priorities and frameworks from a consumer perspective.

---

- Identify key issues for consumers and organisations, such as:
  - the responsiveness of existing providers to patients, consumers, families and whānau
  - the strategic direction of Te Tāhū Hauora programmes
  - measuring and examining quality and safety.

---

- Engage with the Kōtuinga kiritaki, our consumer network of Te Tāhū Hauora, national and international clinical advisory groups and the wider health sector on consumer engagement activities and interests.

---

52 Te Tāhū Hauora. (nd). Ngā kanohi o te Poari | Board members. URL: [www.hqsc.govt.nz/about-us/our-people/board-members](http://www.hqsc.govt.nz/about-us/our-people/board-members)

53 Rae Lamb's appointment is until June 2026.



## Supporting our Ministers

Our independence from commissioning and accountability roles means that we can rapidly identify quality and safety issues emerging across the health system and at all levels. We actively scan the sector for emerging quality and safety issues, and we work to understand how these should be addressed and improvements made. We also regularly review our own performance, engaging with the sector to understand their quality challenges and how we can help, so that we can maximise our impact and our value.

We can advise Ministers on emerging and complex quality issues, drawing on our broad quality, safety and improvement expertise; our hard data and analysis; and the soft intelligence we draw from our broad networks (across government agencies, the workforce, consumers and whānau, Māori partners and population groups experiencing inequity). Many complex quality and safety issues cannot be solved by one health agency alone. We can support Ministers to draw on the strengths of all the agencies with health quality functions to ensure an appropriate response that resolves quality and safety issues quickly and effectively.

We are also responsive to Government priorities for Aotearoa New Zealand as a whole and for the health system specifically (see Figure 3 in Section 3: Heke, which outlines how our strategy is aligned with the GPS on Health 2024-2027).

## Supporting our people

Our people are our greatest asset. We continue to define and develop the skills needed to better support the health system and enhance our capability to improve health quality and safety and achieve health equity across the sector. Mahitahitanga will be intrinsic to our success, as the ability to work together and to share resources, knowledge and expertise will be pivotal in delivering and achieving our objectives and making a lasting impact.

Alongside the people who direct and influence us, we have a workforce of more than 85 people. We value our staff and work to provide them with opportunities to further build their capability, which in turn strengthens both the capability and the capacity of our organisation.

Our staff care about their work and invest significant energy and time into improving the quality and safety of health care in Aotearoa New Zealand. Their wellbeing is important to us. We are committed to supporting staff well so that they can carry out their work and still have time for their families, whānau and external interests. We proactively support our staff to manage stresses associated with work and with broader life. We want to be an employer of choice. Operating with this recognition helps us attract and retain the best people for our work.

We invest in continued learning, skill and knowledge development of our people across a range of areas, including strengthening capability to give effect to Te Tiriti o Waitangi and address inequities.





## Equal opportunities

We are committed to equal employment for all groups of people and have an equality and diversity policy in place. We have already made advances in promoting equal employment opportunities and increasing the diversity of our staff through recruitment plans, with a particular focus on attracting Māori, Pacific peoples and disabled people to our teams. We are committed to supporting our rainbow staff.

## Flexibility and work design

We support flexible work arrangements for employees who have carer responsibilities<sup>54</sup> and for other reasons, such as study and career development. Flexible arrangements may include:

- changes to hours of work

---

- part-time work

---

- working from home.

---

Our information technology and modern communication technologies also enable work flexibility. During the lockdowns in response to the COVID-19 pandemic, staff were able to work remotely, and we continue to support a hybrid approach to working from the office and elsewhere.

## Ongoing improvement

We work to improve our own performance, alongside our health quality improvement approaches and tools, through regular review, evaluation and reflective practice.

## Strengthening our Te Tiriti o Waitangi capability

We are committed to developing our organisation to be an effective Te Tiriti o Waitangi partner for Māori. We support our organisation by providing Te Tiriti o Waitangi-based leadership, expertise and advice on key pieces of work. We are committed to staff development, including in te reo Māori, tikanga, waiata and Te Tiriti o Waitangi education.

---

<sup>54</sup> Meeting the provisions of Part 6AA of the Employment Relations Act 2000.



## Environmental sustainability

In December 2020, the Government announced a climate change emergency and established the Carbon Neutral Government Programme to accelerate emissions reductions in the public sector so that it can become carbon neutral by 2025. The programme set a target of a 21 percent reduction in gross carbon emissions intensity by 2025.

We are committed to fully reducing our carbon footprint and becoming carbon neutral by 2025, and we contracted Toitū Envirocare to audit our annual carbon emissions report. We have been a certified Toitū carbonreduce organisation since the base year of 2018/19.

Through Toitū Envirocare's carbonreduce programme, we record our annual greenhouse gas emissions and develop targets for reducing those emissions. Our baseline figure is 736 tonnes for 2018/19. An approximate 3.5 percent reduction per year enables us to meet our overall 21 percent gross carbon emissions reduction by 30 June 2025.

We have seen a significant reduction in carbon emissions since our base year, mainly due to reduced travel associated with the COVID-19 pandemic restrictions but also due to changes to more sustainable electricity providers, reduced paper use and more sophisticated reporting of freight costs and waste management. We continue to sort our office waste, including by separating composting and recycling. Although travel restrictions have now been lifted nationally, we are committed to ensuring our travel emissions are sustainable.

Te Tāhū Hauora uses all-of-government procurement templates and the Government electronic tender service templates, which require suppliers bidding to demonstrate their sustainability strategy.



## Managing our finances

Te Tāhū Hauora prudently works within our funding levels and annually delivers on the Government's expectations. Each year when developing our Statement of Performance Expectations, Te Tāhū Hauora board and management ensure delivery to expectations while we look at the reprioritisation of resources as a tool for achieving better results for the people we serve.

We have a full understanding of our entity's cost drivers and performance against key outcomes, and look to clearly account for these in reporting to our responsible Minister, monitoring department and the public.

We take a continuous improvement approach to the activities and programmes we deliver, incorporating strong evidence and evaluation practices and seeking to improve the efficiency and responsiveness of the services we deliver.

We understand that cost pressures are not automatically funded through the Budget process and we continuously seek opportunities to drive greater value-for-money and be financially sustainable.

We maintain sound management of public funding by complying with relevant requirements of the Public Service Act 2020,<sup>55</sup> the Public Finance Act 1989<sup>56</sup> and applicable Crown entity legislation.

The annual audit review from Audit New Zealand provides useful recommendations on areas for improvement. We implement these recommendations, with oversight from our audit sub-committee.

## Compliance

We meet our good employer requirements and obligations under the Public Finance Act 1989, the Public Records Act 2005, the Public Service Act 2020, the Health and Safety at Work Act 2015, the Crown Entities Act 2004 and other applicable Crown entity legislation through our governance, operational and business rules. We continue to use the ComplyWith cloud-based legislative compliance information, monitoring and reporting programme, which shows that we have a consistently high level of overall legislative compliance. We continue to comply with all legislative requirements and proactively implement processes wherever possible to address any issues that arise.

## Risk management

All Te Tāhū Hauora staff are aware of the process for risk identification and management. The board, chief executive, senior management and programme managers regularly identify strategic and operational risks in consultation with their teams. Programme managers recognise that they are accountable for raising the risks in their programme areas with management.

Risk management is a standing agenda item at each board meeting. Our audit sub-committee provides the board with independent assurance on and assistance with our financial statements and the adequacy of systems of internal controls. We have recently had a specific focus on reviewing data use and data storage risks.

---

55 Public Service Act 2020. URL: [www.legislation.govt.nz/act/public/2020/0040/latest/LMS106159.html](http://www.legislation.govt.nz/act/public/2020/0040/latest/LMS106159.html)

56 Public Finance Act 1989. URL: [www.legislation.govt.nz/act/public/1989/0044/latest/DLM160809.html](http://www.legislation.govt.nz/act/public/1989/0044/latest/DLM160809.html)

---

# Āpiti hanga 1: Ngā whāinga me ngā āheinga

## Appendix 1: Our objectives and functions

### Objectives of the Health Quality & Safety Commission<sup>57</sup>

The objectives of the Health Quality & Safety Commission (HQSC) are to lead and coordinate work across the health sector for the purposes of:

1. monitoring and improving the quality and safety of services; and
  2. helping providers to improve the quality and safety of services.
- 

### Functions of HQSC

The functions of HQSC are:

1. to advise the Minister of Health on how quality and safety in services may be improved; and
  2. to advise the Minister of Health on any matter relating to
    - health epidemiology and quality assurance; or
    - mortality; and
  3. to determine quality and safety indicators (such as serious and sentinel events) for use in measuring the quality and safety of services; and
  4. to provide public reports on the quality and safety of services as measured against –
    - the quality and safety indicators; and
    - any other information that HQSC considers relevant for the purpose of the report; and
  5. to promote and support better quality and safety in services; and
  6. to disseminate information about the quality and safety of services; and
  7. to support the health sector to engage with consumers and whānau for the purposes of ensuring that their perspectives are reflected in the design, delivery and evaluation of services; and
- 

---

<sup>57</sup> Subpart 3, Pae Ora (Healthy Futures) Act 2022.

8. to develop a code of expectations for consumer and whānau engagement in the health sector for approval by the Minister of Health; and

---

  9. to make recommendations to any person in relation to matters within the scope of its functions; and

---

  10. to perform any other function that -
    - relates to the quality and safety of services; and
    - HQSC is for the time being authorised to perform by the Minister of Health by written notice to HQSC after consultation with it.
- 

In performing its functions, HQSC must, to the extent it considers appropriate, work collaboratively with -

- the Ministry of Health; and

---

  - Health New Zealand; and

---

  - the Health and Disability Commissioner; and

---

  - providers; and

---

  - health care professional bodies (for example, colleges); and

---

  - any groups representing the interests of consumers of services; and

---

  - any other organisations, groups or individuals that HQSC considers have an interest in, or will be affected by, its work.
- 

### **Responsibility for mortality review committees**

Te Tāhū Hauora holds legislative responsibility for Aotearoa New Zealand's national mortality review functions.

We can establish and direct mortality review committees to review and advise and report on mortality for the purposes of reducing mortality and morbidity. Under the Pae Ora Act, Te Tāhū Hauora can appoint one or more committees to undertake review, advise and report as directed. Mortality review committees have specific powers and responsibilities within the Pae Ora Act regarding how they can collect, manage and hold information securely.

Te Tāhū Hauora must report once a year to the Minister of Health on the progress of mortality review committees and include the report in our annual report.





